

SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: City of Pickens

PROJECT NAME: City Hall Improvements

I hereby certify that all labor, materials and contracts acquired or performed in the accomplishment of the above named project will be accomplished in accordance with the named entity's established procurement guidelines. Any questions, concerns or grievances should be directed to this agency.

Tim O'Briant
PRINTED NAME

City Administrator
TITLE


SIGNATURE

1/29/2024
DATE



State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

State Agency Providing the Contribution		Contribution Information	
Amount	State Agency Providing the Contribution	Purpose	
\$150,000	SC Department of Parks, Recreation & Tourism	Pickens City Hall improvements	

Organization Information		Organization Contact Information	
Entity Name	City of Pickens	Contact Name	Tim Osirian
Address	219 Paulkton St.	Position/Title	City Administrator
City/State/Zip	Pickens, SC 29671	Telephone	912-689-9676
Website	www.cityofpickens.com	Email	toberlan@pickenscity.com
SCEIS Vendor #	1000030168		
Entity Type	Local government		

Plan/Accounting of how these funds will be spent:			
Description	Budget	Explanation	
Boards/locks to be upgraded	\$30,000	Security enhancements	
Replace Aging Plumbing and address ADA issues	\$50,000	ADA Compliance	
Audio-Visual enhancements to Council Chambers & Conference Room	\$40,000		
Paint & floor replacements	\$30,000		
Grand Total		\$150,000	

Please explain how these funds will be used to provide a public benefit:

Improve ADA compliance and provide better facilities for public participation.

Basic Information for Your Organization

Your Organization	
Name	City of Pickens SC
Address (Street or PO Box)	219 Pendleton St.
Address (City, State, Zip)	Pickens SC 29671
SCEIS Vendor Number (Determines remittance)	7000030168
Organization website address	CityofPickens.com
Organization type (nonprofit, local government, etc.)	local government

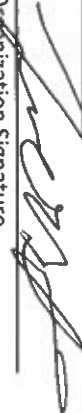
Organization Contact	
Name	Tim O'Briant
Position	City Administrator
Telephone	912-689-9676
Email	to briant@pickenscity.com

State Contribution	
Amount	\$150,000
Earmark Name	Pickens - City Hall Improvements
Project Summary	Renovation + Security Upgrades
State Agency Providing Contribution	SC PRT

Person Completing this Report	
Name	Tim O'Briant
Position	City Administrator

Organization Certifications

- 1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- 4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.


Organization Signature

City Administrator
Title

Tim O'Brian
Printed Name

1/29/2024
Date

Certifications of State Agency Providing Contribution

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2024.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act.
- 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2024.


Agency Head Signature

1/31/2024
Date

Duane Parrish

Printed Name